

Expenditure Itemization Summary

Grantee's Name:

Grantee's Grant Number:

For Expenses Incurred Between: _____
(enter reporting period dates)

Permanent Collection Facility (Expand rows and columns as needed)

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
Subtotal				\$0.00

Temporary or Mobile Collection (Expand rows and columns as needed)

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
Subtotal				\$0.00

Residential Collection (Expand rows and columns as needed)

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
Subtotal				\$0.00

Publicity and Education* (Expand rows and columns as needed)

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
Subtotal				\$0.00

Personnel/Other (Expand rows and columns as needed)

Position Title and Duties	Hours	Rates with Benefits	Staff's Names	Dollar Amount
				\$
				\$
Travel Expense Description				
				\$
				\$
Other-Please Describe				
				\$

Personnel/Other (Expand rows and columns as needed)

				\$
Subtotal				\$0.00

Stormwater Mitigation (Expand rows and columns as needed)

Vendor and Expense Description	Invoice Date	Invoice Number	Quantity	Dollar Amount
				\$
				\$
Subtotal				\$0.00

EXPENDITURE ITEMIZATION GRANT TOTAL:

\$0.00

Report Interest ONLY for the Grant Final Report and when Funds were Advanced:

(+\$)

*Two (2) copies or photographs of products are enclosed with this report

CERTIFICATION

I certify, under penalty of perjury under the laws of the State of California, that the above information is correct and that all funds received have expended in accordance with the Used Oil Recycling Block Grant Agreement for the Grant Number identified on page 1.

NOTE: 2 signatures are required

Signature of Person Authorized by Resolution

Print Name

Title

Date Signed

Signature of Accounting Supervisor or Above

Print Name

Title

Date Signed